

Anytime, Anywhere Health Care Information:

Report from Rhode Island and Implications for Medicaid



Prepared for the Medicaid Reform Commission, U.S.
Department of Health and Human Services

July 12, 2006

Christopher F. Koller
Health Insurance Commissioner

Agenda

- Vision
- Structure and process
- Goals and progress
- Role of Medicaid – now and in future



Governor Carcieri's Vision

A health care system in Rhode Island that:

- Focuses on sick care as well as health care
- Engages all Rhode Islanders
- Puts patients, not providers, at the center

Five Items on Agenda

- The Wellness Initiative
- Balanced Health Care Delivery System
- Anywhere, Anytime Health Information
- Affordable Small Business Health Insurance
- Smart Public Sector Purchasing



Governor Carcieri's Vision

Anywhere, Anytime Health Care Information

- By 2010, the majority of individuals in RI will have health information accessible electronically
- Electronic information should be:
 - Accessible, with patient permission, to patients and their providers, whenever and wherever needed; and
 - Used by policymakers to develop effective public policy



Governor Carcieri's Vision

Governor is particularly effective spokesperson

- He believes it – “Manila Folder Story”
- He's seen it – financial services background
 - How to apply to health care
- He knows RI needs it
 - If health care is 35% of budget and rising at 10% per year – can't make it up on volume



Structure and Process

Structure of IT Initiative

- Cabinet-level Health Care Group
- Issue Group for Each Agenda Item
- Anywhere, Anytime Health Care Info. Issue Group Composition:
 - Director of HEALTH and HIC (Chairs), State CIO, Medicaid CIO, DOH staff, CEO RI Quality Inst.



Structure and Process

RI Quality Institute

- Critical partner for State
- 501-c-3 to improve health care quality in RI
- Board: plans, providers, state, consumers, biz
- Primary focus: HIT
- Principles: collaboration, improved quality, RI is small enough for “innovation at scale”
- Pushing EHR adoption and de-facto RHIO



Goals and Progress

State Issue Group Objectives

1. Increase adoption of E-prescribing and lab data exchange by providers. Measures:
 - 75% of prescriptions are completed electronically by 2008;
 - Providers able to utilize statewide health data exchange to view lab or medication history data
2. Reduce admin by increasing electronic info transfer. Measure:
 - 80% of physicians use a single electronic system for accessing insurance coverage and eligibility



Goals and Progress

State Issue Group Objectives (cont'd)

3. Utilize partnership developed by RIQI to lead and manage a statewide system to exchange individuals' health info. in a manner reflecting community values. Measure:

- RIQI has fully assumed the governance, management and oversight of the statewide health data exchange, which has health information flowing through it with public support

4. Ensure that electronic health data is used appropriately and kept both private and secure. Measure:

- Health data exchange policies and procedures are in place and monitored for compliance



Goals and Progress

State Issue Group Objectives (cont'd)

5. Contribute State agencies' health Information to the statewide system. Measure:

- Health data exchange includes 75% of health data collected and or maintained by the state.

6. Pursue federal funds to support the implementation of the health information exchange. Measure:

- Increase by threefold the total funding available for the statewide health information exchange.



Goals and Progress

So how are we doing?

1. E-prescribing: currently @5% of prescriptions
 - Best in the country
2. Administrative Info
 - Convening health plans and Medicaid for standardization
3. Health Information Exchange
 - AHRQ Planning Grant: broad community participation
 - Revenue bond approved - state would pay its share of \$20 million total build contingent on other payers
 - RIQI: de-facto RHIO



Goals and Progress

So how are we doing? (cont'd)

4. Privacy and Security

- Work group convened – heavy consumer input
- NGA grant to support

5. State Agency Info

- AHRQ grant calls for pilot with lab and immunization data – including state
- Initial work on universal ID
- Medicaid MMIS Care Management System

6. Federal Funds - Some national grants

- NGA and RWJ – looking for direction



Role of Local Medicaid Agency

- Depends on size of state – RI is not California.
- Needs to be at the planning table and helping lead local discussions: a new and different stance.
- Collaborate Collaborate Collaborate
- As purchaser
 - Stands to benefit from Health Information Exchange and should be expected to invest its fair share with other purchasers/payers.
 - Managed care contracts should push health plans towards standards emerging as public policy.



Role of Local Medicaid Agency

- As payer (like other insurers)
 - Primary tool – MMIS contracts and related procurements.
 - Primary design challenges:
 - simplification and standardization at provider level.
 - Patient access.
 - Its benefits administration systems should be consistent with local standards.
 - Its care management systems should be consistent with local standards.



Role of Local Medicaid Agency

How can Feds facilitate this through Medicaid?

Short Answer: *Demonstrated Coordination*
Ideas:

- Standards for MMIS – demonstrated engagement with local RHIO efforts.
- Waivers and State Plan Amendments: Have a required HIT component. Local Agency must show how it is investing directly or through contracted MCOs in local HIT efforts and demonstrate collaboration and return on investment.
- Finances: Requirements that 90/10 IT investments must interface directly with local EHR's and/or claims & eligibility portals.

